Kentucky Medicare Advantage and Cost Prescription Drug Plans

*The beneficiary drug premium covers prescription drugs only. Medicare Advantage plans also cover Medicare medical and hospital benefits, and supplemental benefits. Plan premiums vary for these benefits. Beneficiaries generally are responsible for the Part B premium.

Includes contracts/plans approved as of September 25, 2005. The data does not reflect information for Plans offering Part B only services, some demonstrations, PACE organizations, employer sponsored plans, or plans that were not approved by the "As of" date of the chart.

	Plan Name	Percent		Type of Medicare Advantage Plan					Drug Deductible			Includes Tiered	Type of Additional Coverage Offered in Coverage Gap			Number of
Organization Name		Beneficiaries with Access to Plan in State			Local PPO	Regional PPO		Cost Plans	Zero			Copay- ments for Drugs	Generics Only	Generics and Brands	Mail Order Offered	il Top 100 ler Drugs on
Anthem Blue Cross and Blue Shield	Regional PPO Indiana/Kentucky 1	100%	\$0.00			•			•			•	•		•	88
	Regional PPO Indiana/Kentucky 2	100%	\$0.00			•			•			•	•		•	88
Anthem Medicare Preferred	Anthem Medicare Preferred - Standard	35%	\$0.00		•				•			•	•		•	88
	Anthem Medicare Preferred - Premier	35%	\$0.00		•				•			•	•		•	88
Anthem Senior Advantage	Anthem Senior Advantage - Basic	35%	\$0.00	•					•			•			•	88
	Anthem Senior Advantage - Enhanced	35%	\$0.00	•					•			•			•	88
Humana Insurance Company	HumanaChoicePPO PPO H1806-002	6%	\$0.00		•				•			•	•		•	97
	Humana Gold Choice PFFS H1804-067	36%	\$0.00				•		•			•			•	97
	HumanaChoicePPO PPO H3619-001	8%	\$8.20		•				•			•	•		•	97
	HumanaChoicePPO PPO H1806-001	18%	\$9.38		•				•			•	•		•	97
	HumanaChoicePPO PPO R5826-036	100%	\$17.56			•					•				•	97
	Humana Gold Choice PFFS H1804-068	23%	\$25.66				•		•			•			•	97
	Humana Gold Choice PFFS H1804-070	41%	\$25.66				•		•			•			•	97
	HumanaChoicePPO PPO R5826-008	100%	\$27.28			•			•			•			•	97